

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, December 14, 2012 at the hour of 7:30 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order; however, a quorum was not present. The Board continued to receive information until approximately 8:15 A.M.; at this time, a quorum was present, and the Board began to consider the items presented.

Present: Chairman David Carvalho and Directors Quin R. Golden; Edward L. Michael; Heather E. O'Donnell, JD, LLM; Carmen Velasquez; and Dorene P. Wiese, EdD (6)

Absent: Vice Chairman Jorge Ramirez and Directors Hon. Jerry Butler; Reverend Calvin S. Morris, PhD; and Luis Muñoz, MD, MPH (4)

Additional attendees and/or presenters were:

Shirley Bomar-Cole – System Deputy Chief
Operating Officer

John Cookinham – System Chief Financial Officer

Sylvia Edwards – Oak Forest Health Center

David Goldberg, MD – John H. Stroger, Jr.
Hospital of Cook County

Susan Greene – System Interim Director of
Managed Care

Helen Haynes – System Associate General
Counsel

Bala Hota, MD – System Interim Chief
Information Officer

Mindy Malecki – System Director of Risk
Management

Randall Mark – System Director of
Intergovernmental Affairs and Policy

Terry Mason, MD – System Chief Medical Officer

Ram Raju, MD, MBA, FACS, FACHE – Chief
Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

Carol Schneider – System Chief Operating Officer

Chris Sonne – System Director of
Communications

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. Janice Thomas Concerned Citizen
2. George Blakemore Concerned Citizen
3. Emilie Junge Regional Coordinator – Doctors Council SEIU

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, November 29, 2012

Director Golden, seconded by Director O'Donnell, moved the approval of the minutes of the Board of Directors Meeting of November 29, 2012. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

B. Minutes of the Finance Committee Meeting, December 7, 2012

Director O'Donnell, seconded by Director Michael, moved the approval of the minutes of the Finance Committee Meeting of December 7, 2012. THE MOTION CARRIED UNANIMOUSLY.

C. **Minutes of the Human Resources Committee Meeting, December 7, 2012

Director Golden, seconded by Director O'Donnell, moved the approval of the minutes of the Human Resources Committee Meeting of December 7, 2012. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Contracts and Procurement Items

Proposed contractual requests were presented for consideration under Items IV(H), (I) and (J).

B. Proposed Resolutions – in recognition of individuals upon their retirement from the System (Attachment #1)

Proposed resolutions were presented for the Board's consideration in recognition of the following individuals, upon their retirement from the System: Sylvia Edwards, Executive Director of the Oak Forest Health Center; Shirley Bomar-Cole, System Deputy Chief Operating Officer; and Chris Sonne – System Director of Communications.

Director Velasquez, seconded by Director Michael, moved the approval of the three (3) proposed Resolutions. THE MOTION CARRIED UNANIMOUSLY.

C. Proposed 2013 Board of Directors Meeting Dates (Attachment #2)

Director O'Donnell, seconded by Director Golden, moved the approval of the proposed 2013 Board of Directors Meeting dates. THE MOTION CARRIED UNANIMOUSLY.

D. Endorsement Discussion of HB 6253 (Medicaid expansion under the Affordable Care Act)

Chairman Carvalho clarified that, rather than for endorsement, the purpose for this item is to explain and discuss HB 6253. This issue is pending in Springfield, and is regarding the Medicaid expansion under the Affordable Care Act (ACA). By way of background, the Supreme Court's decision in June left the implementation of the ACA as follows: every state is authorized to expand their Medicaid Program to cover persons under 133% of poverty, without regard to category. Under the current Medicaid Program, to be eligible, a person must fall into a category of either being a child, pregnant woman, or a person with a

IV. Action Items

D. Endorsement Discussion of HB 6253 (Medicaid expansion under the Affordable Care Act) (continued)

disability – simply being poor is not enough to be eligible. The ACA offered states the opportunity to cover persons up to 133% of poverty, without regarding category under their Medicaid Program, for the first several years at the entire expense of the Federal government. Under the current Medicaid Program, the Federal government typically pays 50% of the cost of Medicaid, and the State is responsible for the other 50%, either through their own resources from the rest of the Medicaid Program or through the intergovernmental transfers that the County makes to the State under the Intergovernmental Transfer arrangement. In their June decision, the Supreme Court indicated that the expansion, while mandatory in the law, could not be enforced as mandatory and could only be an option to the states under the Supreme Court's interpretation of the Commerce Clause. As a result of that decision, every state has on its consideration list whether or not to participate in the expansion of Medicaid.

Independently of the Supreme Court's decision, but not independently of the adoption of the ACA, Illinois adopted a law that precluded any expansions of Medicaid for several years. This was part of a political negotiation in connection with reforms to the Medicaid Program; at the time, the State Legislature adopted legislation saying that there could be no future expansions of Medicaid. Therefore, for the State to participate in the ACA, it will require changing of that State law that says that Medicaid cannot be expanded. Chairman Carvalho noted that, in connection with the approval of the System's 1115 Waiver, that exact same law had to be changed. This State law also precluded any expansions of Medicaid even if expansions cost the State nothing; it was noted that the System's 1115 Waiver will cost the State nothing. Expansion of Medicaid under the ACA would, in the first several years, cost the State nothing; however, State law currently prohibits it. HB 6253 is pending in the General Assembly to authorize the expansion of the Medicaid Program to participate in the ACA for that population under 133% of poverty.

Chairman Carvalho stated that the reason why he believes this bill is appropriate for discussion and information, and not necessarily for endorsement, is that the full implications to the System are not clear - certain details about how this might occur need to be worked out through a negotiation with the Executive and Legislative Branch of the General Assembly. In previous discussions at the Finance Committee Meetings regarding the 1115 Waiver, Chairman Carvalho has asked whether the Intergovernmental Transfer arrangement is structured so that the System receives the entire benefit of the Federal funding; the answer to that question was yes. With regard to HB 6253, the specific impact on the System is important; as it is not currently spelled out in the bill, it is probably premature for the System Board to endorse the bill at this time.

Director O'Donnell posed the following question: if the State decides to not do the expansion, what would happen to the Waiver after 2014? Randall Mark, System Director of Intergovernmental Affairs and Policy, stated that the terms and conditions of the Waiver specify that it will terminate on December 31, 2013. He added that there is a process for applying for an extension - that process requires six months notice and a great amount of documentation. He noted that the administration is in discussions regarding what steps are needed to be taken to apply for an extension, if the State has not implemented the expansion, either because the General Assembly has not passed legislation, or because the State has not become fully prepared to implement with legislative approval.

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D. Endorsement Discussion of HB 6253 (Medicaid expansion under the Affordable Care Act) (continued)

Based on this information, Director O'Donnell stated that it is then critical for the County for the expansion to happen. Chairman Carvalho concurred; he stated that it is critical that it happen, but it is also critical that it happen correctly. He noted that the Intergovernmental Agreement (IGA) is an agreement that takes both sides to agree. Each of the IGAs that have been previously negotiated have had their own features dictated by the times in which they were negotiated, regarding what the share between the State and the County would be - sometimes when the County's bargaining power was strong, the share was decidedly tilted in favor of the County, and sometimes the tilt went in a different direction.

Director O'Donnell inquired further regarding a possible extension of the Waiver. She asked whether approval of a Waiver extension would require an additional change in the State law. Dr. Ram Raju, Chief Executive Officer, responded that he believed that approval of an extension would be an administrative decision.

Chairman Carvalho stated that the goal of the State's Executive Branch is to try to have this issue resolved before the new General Assembly takes its seat in January, so there may be new information on the subject in time for the next meeting of the System Board.

E. Any items listed under Sections III, IV and VII

F. Proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County (Attachment #3)

Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented an overview of the proposed Amendments to the Stroger Hospital Medical Staff Bylaws. He noted that most of the proposed Amendments relate to the survey conducted recently by The Joint Commission (TJC).

Director Michael inquired whether the proposed Amendments would completely address findings relating to the survey by TJC. Dr. Goldberg responded that the actual citations from TJC relating to the Bylaws were very limited in specifics, to a certain degree. In addressing some of the more process-oriented matters, some were addressed through Amendments to the Bylaws, and some, following review and discussion, are believed to more properly belong in Rules and Regulations, so they will be included in there.

Director Michael stated that one of the proposed Amendments relates to the issue of having the Bylaws amended by vote of the full medical staff. He noted that the Board is considering amendments to the Bylaws today that have not been voted on by the full medical staff – he asked whether today's action of approval of that Amendment would be an adequate way of addressing TJC's concerns. Carol Schneider, System Chief Operating Officer, responded that these proposed Amendments are presented for approval in context of the corrective action plan that is due to TJC; should the Board approve these proposed Amendments to the Bylaws, this action can be passed on as part of the full packet of corrections that is due.

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F. Proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County (continued)

Dr. Goldberg added that there has to be a thorough educational process with the medical staff to have them understand that the Bylaws really belong to them. Chairman Carvalho noted that, as part of that education, it is important to go back to first principles of the purpose of Bylaws. The Board is responsible for ensuring quality medical care within an institution, and it carries out its responsibilities by entering into Bylaws with its medical staff; under the Bylaws, the medical staff assumes their appropriate responsibility for the quality and care within the institution. The purpose of the Bylaws is to ensure quality and care within the institution by assigning the primary role to the medical staff to do it.

Director Michael, seconded by Director Velasquez, moved the approval of the proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

G. Request to execute a proposed Amendment to the contract with Chamberlin Edmonds and Associates/Emdeon, for eligibility/enrollment services

This item was withdrawn from consideration.

H. Request to execute a proposed Amendment to the contract with Automated Health Systems (AHS), for third party administrator services (Attachment #4)

Susan Greene, System Interim Director of Managed Care, provided an overview of the request presented for the Board's consideration. The Board reviewed and discussed the request.

Director Velasquez inquired regarding the call center model; she noted that it will be staffed with approximately fifty persons – she asked whether this includes bilingual staff. Ms. Greene responded that she can provide further specifics, but she recalled that approximately half of the staff are bilingual. She stated that the vendor has been given the demographics of what the patient population is expected to include; she noted that this is the same vendor who provides services to Illinois Health Connect. She stated that there will be fifty staff members working on the phones, and an additional fifteen staff members who will staff the walk-in centers at Stroger and Provident Hospitals and at Oak Forest Health Center.

Chairman Carvalho asked for clarification that the demographics of the population eligible for the Waiver are the target that is needed to be accommodated, in terms of translation services and anticipating certain ages. He asked whether these efforts are focused solely on the Waiver population. Ms. Greene responded affirmatively; however, she added that, for all people that are denied approval for the Waiver by the Illinois Department of Human Services (DHS), the System will have all of the documentation that will then start/complete the CareLink process.

Dr. Raju stated that these services will help to ramp-up enrollment in the Waiver; this is not a permanent structure that will be in place. As the System moves into the managed care structure, this will disappear – this is purely to identify the patients already known to the System. Once they are enrolled and brought into the System, this service will cease to exist.

IV. Action Items

H. Request to execute a proposed Amendment to the contract with Automated Health Systems (AHS), for third party administrator services (continued)

Ms. Greene noted that one of the things the State wants to delegate to the System is the redetermination process of this entire population, prior to Medicaid expansion. The State wants redetermination to occur a certain number of months before expansion, so there will need to be some continuation of staff to handle the redetermination process. If the State submits an extension of the Waiver on July 1st, that would delay the redetermination process. Alternatively, if the Legislature approves Medicaid expansion, efforts would then immediately start in the summer for the redetermination process; under health reform, income eligibility changes, so enrollees have to go through that process again.

Director O'Donnell stated that she is pleased that the administration is being proactive in reaching out to people that are or have been patients in the System, rather than waiting for the patients to come to the System to enroll. She asked whether any of the enrollment processes and document submission can be done online. Ms. Green responded in the negative. She stated that it is a worthy idea, but at the moment, the State requires hard copies of the documentation through the mail. A hard copy of the documents is delivered to the System; this is then scanned in a particular format for DHS to download.

Director Golden stated that the request transmittal indicates that the amount does not include the funds required to pay for the provider claims; she asked whether the vendor will assist with processing the provider claims. Ms. Greene responded affirmatively. Director Golden inquired whether the System Board already approved that aspect of the contract, or whether there would need to be another contract amendment to come before the System Board for this purpose. Helen Haynes, System Associate General Counsel, responded that the System Board recently approved a Resolution regarding provider claims; under that Resolution, the administration was authorized to pay claims.

Ms. Greene noted that the thirteen FQHCs that were identified in the initial round to supplement the System's primary care network have all now signed the agreements. As of yesterday and today, one hundred eighty-nine application assistants are being trained. Monday will be the first day that the State is receiving the System's applications.

Chairman Carvalho inquired regarding the checks and controls that will be in place to ensure that the claims are valid. Additionally, he inquired how the payment is structured. Ms. Greene stated that, for the network beyond the County System, for anyone who wants to make a referral out-of-network, they have to log in or call. For referrals that do not require prior authorization and for services that will require prior authorization, those are linked to the claims system; claims that are not loaded from a recognized primary care provider in our network, or those claims that did not pass the referral utilization manager authorization would be rejected. She added that the Beacon software being used for the claims system has some built-in abilities to monitor unusual-looking activity. As part of the contract with AHS, AHS is accountable for guaranteeing that it is a valid claim. Additionally, all of these claims go to the State and have to pass their edit and review, so there are essentially two levels being monitored at this point. Ms. Greene stated that the members will have to be assigned to a patient-centered medical home site. This provides the member with direct access service, requires no authorization, and encourages primary care services. However, any claims activity for a member has to be approved, either by logging the referral or through the utilization manager process.

IV. Action Items

H. Request to execute a proposed Amendment to the contract with Automated Health Systems (AHS), for third party administrator services (continued)

Director O'Donnell inquired further regarding the State's involvement in the claims process. She noted that the System has had problems in the past where there has been a delay because the State does not have the capacity to process claims. Ms. Greene stated that, depending on how many members have been approved for a given month, the System receives a per-member per-month (PMPM) fee up-front. It is that money that pays the claims. What goes to the State is encounter data, for purposes of logging the actual cost of care, for which the State has a responsibility, and for monitoring unusual utilization patterns. The State is not paying the claim; rather, the third party administrator (TPA) is paying and adjudicating the claim. She added that the State also wants to ensure that the claim paid by the System is within the covered services and is subject to the match and reconciliation.

Director Michael inquired regarding any impact this proposed contract amendment may have on the 2013 Budget funds appropriated for Waiver activities. When considering the 2013 Budget, the System Board assumed a certain number of patients would be enrolled into the Waiver every month, and also assumed a certain level of cost associated with enrolling patients. Dr. Raju responded that, first and foremost, the administration wants to enroll patients earlier, because the System will get the PMPM payment coming in sooner. With regard to the Budget, because this type of expenditure was not specified beyond a total dollar amount appropriated under professional services, the administration has the latitude to figure out how to spend that money to get what needs to be done. He noted that there is one caveat – if the System experiences a greater number of enrollees than was projected in the budget (115,000 enrollees estimated), then there may be a need for further review and discussion with the County's Budget Director on how to adjust for a potential greater expense attributable to the Waiver enrollment. The thirteen FQHCs that have agreed to participate in the network are likely to have a large number of eligible patients in their system that could be enrolled, so the numbers of enrollees could go up significantly from that population. Director Michael requested that the Board continue to receive regular updates on this matter. Ms. Greene noted that the administration will be returning to the Board with a different scope of services provided by Chamberlin Edmonds & Associates (CEA); it will not be a dollar for dollar difference, as this contract with AHS is an expansion beyond, in both staffing and function.

Director Michael, seconded by Director O'Donnell, moved the approval of the request to execute a proposed Amendment to the contract with Automated Health Systems, for third party administrator services. THE MOTION CARRIED UNANIMOUSLY.

I. Request to execute a proposed contract with PsychHealth, Ltd. for behavior health management services (included in Attachment #4)

Ms. Greene provided an overview of the request presented for the Board's consideration. The Board reviewed and discussed the information.

Chairman Carvalho noted that, although there are so many moving parts with regard to the Waiver activities, it gives him a level of confidence that the System has the benefit of having someone with Ms. Greene's experience of working in this market, with these vendors and population.

IV. Action Items

I. Request to execute a proposed contract with PsychHealth, Ltd. for behavior health management services (continued)

Ms. Greene stated that a project manager will soon be brought on board to help keep track of all the moving pieces. She added that Dr. Bala Hota, System Interim Chief Information Officer, has someone that serves in that type of role.

Director O'Donnell recalled that when the State rolled out the Integrated Care Program, in order to try to get everyone up to speed operationally, one of the things that was done was to hold stakeholder meetings. A good idea might be to hold stakeholder meetings for providers who could care for this population, so they can become familiar with the Waiver and find out how they can participate.

Director Velasquez, seconded by Director Wiese, moved the approval of the request to execute a proposed contract with PsychHealth, Ltd., for behavior health management services. THE MOTION CARRIED UNANIMOUSLY.

J. Request to execute a proposed contract with MHNU Corporation, d/b/a Medical Home Network (MHN), for Care Coordination Activities/Care Management Analytics for the CCHHS Waiver population (included in Attachment #4)

Dr. Hota provided an overview of the request presented for the Board's consideration. The Board reviewed and discussed the information.

Chairman Carvalho requested further information regarding the process used to select the vendor. Dr. Hota responded that there is currently an existing relationship with MHN; at this time, for this scope that is planned over the coming year, MHN is really the main provider of these services, to his knowledge.

Director Velasquez stated that she may have to recuse herself, as she is affiliated with MHN.

Director Michael requested further information regarding the timetable for the implementation of the portal. Dr. Hota responded that they already have a number of the sites. There's two steps that MHN has indicated as key pieces of work: 1) legal arrangements as this new scope of work emerges; and 2) on-boarding new data feeds for the providers. Because right now MHN receives a filtered feed of only the Medicaid population that they serve, there will be this new data feed that they will need to get. He recalled that it was estimated that it would take approximately two months to get the onboarding for that initial scope.

In response to questions from Director Golden regarding the scope of this request and the scope of MHN's existing contract, Dr. Hota provided additional information. From a technical perspective, MHN's current work does not include this new population, because of Health Insurance Portability and Accountability Act (HIPAA) reasons. Under the System's current agreement with MHN, the System is only allowed to send the patients that are in Illinois Health Connect. If the System enrolls a patient under the Waiver, the data cannot be sent because the current agreement does not cover it.

IV. Action Items

J. Request to execute a proposed contract with MHNU Corporation, d/b/a Medical Home Network (MHN), for Care Coordination Activities/Care Management Analytics for the CCHHS Waiver population (continued)

Under the current agreement, the System does not pay MHN; rather, the State pays MHN. Ms. Greene indicated that the State is currently paying MHN a PMPM for a variety of outcomes, which is what is sustaining them. If you are a participating provider and you hit a certain metric, you get the PMPM passed on to you. Chairman Carvalho added that one of the conditions of the Waiver was that there would be no additional cost to the State – due to this, the State could not pay MHN for this scope of services for the Waiver population; therefore, the System has to pay for those services.

Director Golden stated that the South Side Health Collaborative provides very much the same services as MHN. Dr. Hota stated that there is a significant amount of up-front work that is necessary for the initial connections between hospitals and a portal such as this. That work has already been done for the System, as well as for the other sites. As a result, there is work that has to be done, but it changes the nature of the data that the System has already been able to send. Chairman Carvalho noted that the selection methodology indicates sole source but this does not mean sole source in the traditional sense –the provision that this is under is one that allows the System to select a vendor, providing that that certain parameters be satisfied, as they are for this request.

Director Golden stated that she has some concerns that there may be some duplication of services or activities. Dr. Hota stated that there may be some sites that are on-board, but there are additional sites that are not. There are new sites that can be on-boarded, and MHN has a methodology to do that. Additionally, the existing sites that are on-board are not sending the data that is required for the Waiver. He noted that this is a one year arrangement – he and his staff continue to explore whether services such as these can be done internally, and continue to review to ensure that the work is meeting the standard. Approval of this request will allow the System to meet the requirements of the Waiver and do it quickly; he added that this is something that staff will be evaluating as the year goes by.

Dr. Hota provided additional information regarding the difference between the information and data that will be received from AHS and MHN. AHS's data is useful for the following: monthly reports that are required to be submitted to the Centers for Medicare and Medicaid Services (CMS); reports on quality of care in a global sense; and reports to the medical home, based on claims. MHN's reporting is on a completely different time scale – in basically real time. In addition, their data is used for alerting. AHS will not be providing alerts to the providers or the care management teams. With MHN, there will be email alerts and alerts through the web portal that will allow providers to see what information such as what happened in the last one or two weeks, or how many appointments did this patient make; this is more of a clinical care management tool in real time, rather than a dashboard of performance over the trailing three months.

Ms. Greene stated that the sites that are already connected with the System are very pleased. She noted that it is the main way that a primary care site knows that one of their patients presents at or is leaving Stroger Hospital's Emergency Department. She added that, in the agreement with the FQHCs is the measure of seven day follow-up post emergency department and hospital discharge – this allows the FQHCs to take action when they are alerted.

IV. Action Items

J. Request to execute a proposed contract with MHNU Corporation, d/b/a Medical Home Network (MHN), for Care Coordination Activities/Care Management Analytics for the CCHHS Waiver population (continued)

Director O'Donnell, seconded by Director Michael, moved the approval of the request to execute a proposed contract with MHNU Corporation, d/b/a Medical Home Network, for care coordination activities/care management analytics for the CCHHS Waiver population. THE MOTION CARRIED.

Director Velasquez voted PRESENT.

Director Golden voted NO.

V. Report from Chairman of the Board

Chairman Carvalho stated that there was an event held on December 12th for the 10th Anniversary of the opening of the John H. Stroger, Jr. Hospital of Cook County; the event was very successful and enjoyable. A broad representation of the community, staff, and elected and appointed leaders were in attendance, including several current and former System Board Members, County Commissioners, and County Board President Toni Preckwinkle. There were nice presentations about the history of the hospital that were made by several individuals, including former Chief of the Bureau of Health and former System Board Member Mrs. Ruth M. Rothstein. Dr. Goldberg provided a perspective of the medical staff and providers within the institution about providing care under the third-world conditions of the old hospital, and the benefits to the System patients, staff and taxpayers resulting from the efficiencies represented in the new building. He thanked Marisa Kollias, System Interim Director of Public Affairs, and the other staff who were responsible for organizing the event.

Chairman Carvalho noted that the Cook County Board has authorized the naming of the Atrium that leads to the Specialty Care Center in honor of Cook County Board President Richard Phelan. As Mrs. Rothstein pointed out in her narrative at the 10th Anniversary event, President Phelan was the County Board President who really turned things around in terms of getting the new hospital going. When Mrs. Rothstein assumed the role of Chief of the Bureau of Health, the hospital was in Phase 8 or Phase 9 of the planning for the new County Hospital; much time had elapsed and many dollars had been spent on planning, but there was no political will to build a new hospital. The newspapers were against it, the hospital community was very split, the business community was dead-set opposed, there was not a consensus on the County Board, and there was little likelihood of securing the Certificate of Need (CON). Over the course of four years, President Phelan and Mrs. Rothstein turned each of those groups around; the CON was adopted unanimously on President Phelan's last day and President John H. Stroger Jr.'s first day of office. Until recently, President Phelan's role had not really been recognized officially in any way; however, at the last County Board Meeting, by way of Resolution, the Board authorized the naming of the Atrium in honor of President Phelan. It was hoped that this could be incorporated into the 10th Anniversary event, but President Phelan was unable to attend. Therefore, at some date in the near future, the System Board will host an event for this purpose. He added that private funds have been secured to improve the area of the Atrium.

V. Report from Chairman of the Board (continued)

A. Board Education

• Focus on Quality: Presentation regarding the Board's role in quality and patient safety - Dashboards

This item was taken out of order.

A short video was presented that addressed the subject of quality dashboards; this video was received at a recent National Association of Public Hospitals and Health Systems (NAPH) conference. Additionally, this video was also presented at the November 13, 2012 Quality and Patient Safety Committee Meeting.

Following the presentation of the video, Director Michael provided additional comments regarding the subject of development of a strategic dashboard. He stated that System staff already collects and tracks several measures; however, it lacks a strategic dashboard. The Quality and Patient Safety Committee is currently in the process of considering two or three potential "big dot" quality and patient safety improvement items to include in the strategic dashboard for this coming year; he noted that input from the entire Board on this subject is needed, along with input from staff and members of the community. Currently under consideration for inclusion in the dashboard are the following "big dot" items: reduction in hospital acquired conditions, reduction in thirty-day readmission rates, and improvement in patient satisfaction.

Director Michael recommended that at the January Board Meeting, the Board can have another review of the comparison dashboard – that will be the review for 2013, and then there would be a move into more of an exception reporting for those measures where the System is not doing as well, from a comparison standpoint. Also at the January meeting the Board can have a further discussion on what the strategic "big dot" items ought to be, and the strategies that will be proposed to achieve those goals. He has asked Dr. Das and Dr. Mason to be thinking about what those strategies or drivers would be for the three proposed or possible goals that have been mentioned – those will be discussed at the upcoming Quality and Patient Safety Committee Meeting, and will be reported at the next Board Meeting.

Chairman Carvalho indicated that the Board looks forward to reviewing quality presentations and information presented at the Quality and Patient Safety Committee Meetings at the Board Meetings on a regular basis. It is important that the Board devotes time at the Board Meeting to focus on matters relating to quality and patient safety, in order to reach that balance of spending as much time on quality as a Board as it spends on matters relating to finance.

VI. Report from Chief Executive Officer

A. Process for stakeholder engagement on policy changes necessitated by 1115 Waiver

Chairman Carvalho referenced a recent communication received from the Emergency Network, in which they expressed some alarm in response to recent discussions that have been held regarding policy changes or enforcement of existing policies, necessitated by the implementation of CountyCare. Further discussions will need to take place on the subject; however, he indicated that policy choices are part of the interlocking parts that are necessary in order to be successful with the 1115 Waiver, and will have to be considered in a timely way.

VI. Report from Chief Executive Officer (continued)

B. Frontline Champions Project

C. Wrap-up Report from PricewaterhouseCoopers (deferred to February 1, 2013 Board Meeting)

This item was taken out of order.

Dr. Raju provided an overview of the Frontline Champions Project, and introduced a group of staff members who were present who have made outstanding efforts at the System. He stated that one of the major initiatives for this year is improving and excelling in patient experience; therefore, it was decided to reach out to the front-line employees and ask them how they would improve patient experience. Dr. Raju has chosen the following three leaders for this initiative: Sidney Thomas, Director of Provider Relations; Dr. Hota, and Dr. Claudia Fegan, Chief Medical Officer of the John H. Stroger, Jr. Hospital of Cook County.

VII. Closed Session Items

A. Claims and Litigation

B. **Minutes of the Human Resources Committee Meeting, December 7, 2012****

Director Michael, seconded by Director Wiese, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member.”

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho and Directors Golden, Michael, O'Donnell, Velasquez and Wiese (6)

Nays: None (0)

Absent: Vice Chairman Ramirez and Directors Butler, Morris, and Muñoz (4)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

VIII. Adjourn

As the agenda was exhausted, Chairman Carvalho declared the MEETING
ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

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David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
December 14, 2012

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
BOARD OF DIRECTORS

RESOLUTION

Sponsored by

DAVID CARVALHO, CHAIRMAN, JORGE RAMIREZ, VICE CHAIRMAN,
COMMISSIONER JERRY BUTLER, QUIN R. GOLDEN, EDWARD L. MICHAEL,
REV. CALVIN S. MORRIS, PhD, LUIS MUNOZ, MD, HEATHER E. O'DONNELL,
CARMEN VELASQUEZ, AND DORENE P. WIESE, EdD, DIRECTORS

WHEREAS, Sylvia Edwards will retire from the Cook County Health & Hospitals System on December 31, 2012 after completing more than 25 years of outstanding service in this System; and

WHEREAS, Sylvia Edwards has served commendably, beginning with her initial position as Quality Assurance Coordinator, Adult ER in Cook County Hospital; and ending as Executive Director, Oak Forest Health Center; and

WHEREAS, Sylvia served in various progressively responsible capacities within Cook County Hospital, from Quality Assurance Coordinator, Adult ER, to Program Planning and Development Coordinator, to Project Manager of Resident Management and Life Safety Corrections/Sprinkler Installation; and

WHEREAS, Sylvia's leadership as Associate Administrator of the Case Management Division at Oak Forest Hospital from 1995 through 2000 was outstanding, and facilitated the innovative community outreach/violence prevention program "My Life, My Choices", in cooperation with government and private agencies in the south suburbs; and

WHEREAS, under Ms. Edwards' consummate professionalism during her tenure(s) as Deputy Chief Operating Officer (2000 – 2005) and Acting Chief Operating Officer (2005 – 2010), Oak Forest Hospital made a number of innovative strides forward, such as the opening of the Sleep Lab, significant expansion of Pharmacy operations, including location of the Mail Order operations on the campus, and special recognition from the Joint Commission; and

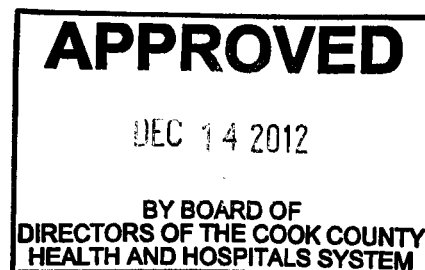
WHEREAS, Sylvia Edwards has provided excellent leadership and service as Executive Director of Oak Forest Health Center, helping greatly to develop the relationships necessary to move from an acute care-based hospital, to an outpatient health center with expanding services;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Cook County Health & Hospitals System hereby proclaims its appreciation to Sylvia Edwards for her substantial years of commitment to the patients of our Health System and wishes her a happy and productive retirement.

Approved and adopted this 14th day of December, 2012.



DAVID CARVALHO
Chair, Board of Directors



**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
BOARD OF DIRECTORS**

RESOLUTION

Sponsored by

**DAVID CARVALHO, CHAIRMAN, JORGE RAMIREZ, VICE CHAIRMAN,
COMMISSIONER JERRY BUTLER, QUIN R. GOLDEN, EDWARD L. MICHAEL,
REV. CALVIN S. MORRIS, PhD, LUIS MUNOZ, MD, HEATHER E. O'DONNELL,
CARMEN VELASQUEZ, AND DORENE P. WIESE, EdD, DIRECTORS**

WHEREAS, Shirley Bomar-Cole will retire from the Cook County Health & Hospitals System on December 31, 2012 after completing more than twenty-one years of service in this System; and

WHEREAS, Ms. Bomar-Cole, early in her healthcare career, served with several Chicago-area hospitals and health care agencies, as well as the U.S. Department of Defense as a health educator/school nurse in Germany; and

WHEREAS, Shirley Bomar-Cole began her esteemed career with the Cook County Health & Hospitals System in 1991, starting with her role as Associate Administrator for Nursing and Patient Services at Provident Hospital, where she later served as Chief Operating Officer; and

WHEREAS, Shirley Bomar-Cole's leadership contributed to the effectiveness of the Ambulatory and Community Health Network (ACHN), during her years as Director of Utilization Management, Department of Managed Care (1997 - 2002), where she contributed greatly to the County Care program; then as Director of Operations (2002 - 2005), where she worked collaboratively with members of ACHN senior leadership and supervised ACHN health managers; and

WHEREAS, under Ms. Bomar-Cole's capable professionalism as Deputy Chief Operating Officer (2005 - 2010) at Oak Forest Hospital, patient flow strategies were implemented in compliance with Joint Commission standards, and where she contributed to overall clinical program development and operational efficiency; and

WHEREAS, Ms. Bomar-Cole's position as Deputy to the System Chief Operating Officer, yielded significant contributions to the Cook County Health & Hospitals System, particularly in the maternal-child services area; and

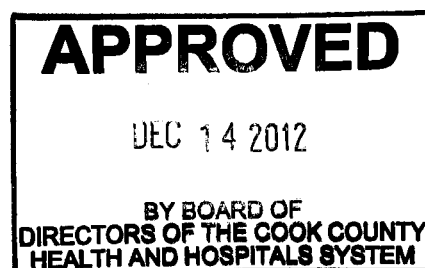
WHEREAS, Shirley Bomar-Cole has many community and professional affiliations including those with the National Association of University Women, the Healthcare Consortium of Illinois (as Founder and Executive Board Member), Care Collaborative Home Health Services, and the American Case Management Association.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Cook County Health & Hospitals System hereby proclaims its appreciation to Shirley Bomar-Cole and thanks her for all she has done for the citizens that are served within Cook County.

Approved and adopted this 14th day of December, 2012.



DAVID CARVALHO
Chair, Board of Directors



**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
BOARD OF DIRECTORS**

RESOLUTION

Sponsored by

**DAVID CARVALHO, CHAIRMAN, JORGE RAMIREZ, VICE CHAIRMAN,
COMMISSIONER JERRY BUTLER, QUIN R. GOLDEN, EDWARD L. MICHAEL,
REV. CALVIN S. MORRIS, PhD, LUIS MUNOZ, MD, HEATHER E. O'DONNELL,
CARMEN VELASQUEZ, AND DORENE P. WIESE, EdD, DIRECTORS**

WHEREAS, Chris Sonne has dedicated the past ten years of his distinguished career to the Cook County Health and Hospitals System as the Director of Communications; and

WHEREAS, Chris's talent and knowledge has led to the successful management of the telecommunications systems of CCHHS; and

WHEREAS, Chris's overall efficiency and due diligence throughout his career at CCHHS has saved the County millions of dollars by monitoring phone services and eliminating unnecessary costs over the years; and

WHEREAS, Chris's expertise with the CCHHS automated appointment scheduling reminder and prescription refill systems has allowed full functionality and usage without external assistance; and

WHEREAS, during his tenure with the County, Chris earned the genuine affection and respect of his colleagues through his high degree of professional competence, good humor, determination, and dedication to quality; and

WHEREAS, upon retirement from the Cook County Health and Hospitals System, Chris and his family will be leaving Chicago for sunny Arizona, where we hope they will thoroughly enjoy the years to come; and

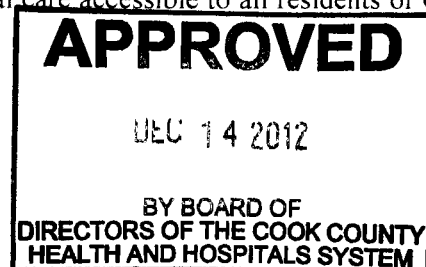
WHEREAS, the people of Cook County are grateful to Chris for dedicating his time and great efforts to helping CCHHS serve the underprivileged residents of Cook County.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Cook County Health and Hospitals System, on behalf of the more than five million residents of Cook County served by the System, does hereby gratefully acknowledge Chris Sonne for his extraordinary abilities, superior leadership and unwavering commitment to contributing towards the effort of making quality medical care accessible to all residents of Cook County.

Approved and adopted this 14th day of December, 2012.

David Carvalho

DAVID CARVALHO
Chair, Board of Directors



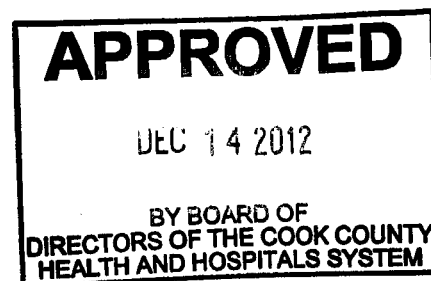
Cook County Health and Hospitals System
Board of Directors Meeting Minutes
December 14, 2012

ATTACHMENT #2

Proposed 2013 Board of Directors Meeting Dates

Meeting time: 7:30 A.M.

Fri.	02/01/12
Thurs.	02/21/13
Thurs.	03/28/13
Fri.	04/26/13
Fri.	05/31/13
Fri.	06/28/13
Fri.	07/26/13
Fri.	08/23/13
Fri.	09/27/13
Fri.	10/25/13
Fri.	11/22/13
Fri.	12/13/13



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
December 14, 2012

ATTACHMENT #3

DECEMBER 14, 2012

**TRANSMITTAL FROM THE
EXECUTIVE MEDICAL STAFF COMMITTEE OF THE MEDICAL STAFF OF
THE JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY**

**TO THE BOARD OF DIRECTORS OF THE
COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

**REGARDING PROPOSED AMENDMENTS TO
THE BYLAWS OF THE MEDICAL STAFF OF
THE JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY**

Pursuant to Article XVII, Section 2(a) of the Bylaws of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County (Bylaws), the Executive Medical Staff Committee has approved and is transmitting the following proposed amendments to the Board of Directors for its consideration and approval:

1. **Article VIII, Corrective Action, Section 3, Notice to Member of Adverse Recommendation or Adverse Action and Hearing Rights (p. 1)**, Subparagraphs (d) and (e) and Section 4: References to fifteen days shall be changed to thirty days.

Rationale: CCHHS is entering into delegated credentialing arrangements with payors that require a thirty day period within which a practitioner may request a hearing. This change is recommended to assure compliance with these requirements).

2. **Article IX, Officers, Section 5, Vacancies in Office and Removal of Officer (p. 2)**, is proposed to be amended to change the process and authority for removal of Officers. The proposed process is a petition of the Medical Staff and the authority is changed from the Executive Medical Staff Committee to the full Medical Staff.

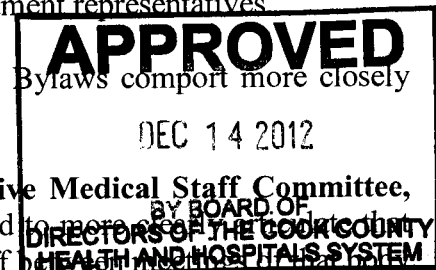
Rationale: This change is recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

3. **Article X, Composition and Duties of the Executive Medical Staff Committee, Section 1 Composition (pp. 3-4)** is proposed to be amended to add a process for removal of Executive Medical Staff Committee department representatives.

Rationale: This change is recommended so that the Bylaws comport more closely with the standards of the Joint Commission.

4. **Article X, Composition and Duties of the Executive Medical Staff Committee, Section 2 Duties (pp. 4-6)** is proposed to be amended to more clearly specify that the EMSC acts in behalf of the organized medical staff of the John H. Stroger, Jr. Hospital of Cook County and to specify that this power may be removed only by amendment of the Bylaws.

Rationale: This change is recommended so that the Bylaws comport more closely



with the standards of The Joint Commission.

5. **Article XVII (amended to Article XVIII), Rules and Regulations (p. 7)** is proposed to be modified to provide for a process for amendment of the Medical Staff Rules and Regulations that is more inclusive of the full Medical Staff, includes a vote by the full Medical Staff on amendments of the Rules and Regulations, and provides for a process for urgent amendment of the Rules and Regulations.

Rationale: This change is recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

6. **Article XVIII (amended to Article XVII), Amendment of and Deviation from Bylaws, Section 2, Procedure to Amend (pp. 8-10)**, is proposed to be modified to provide for a process for amendment of the Bylaws that is more inclusive of the full Medical Staff, including a vote by the full Medical Staff on amendments to the Bylaws with an option for in-person and electronic voting.

Rationale: This change is recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

7. **Article XVIII (amended to Article XVII), Amendment of and Deviation from Bylaws Section 3, Urgent Amendments (pp. 11-2)**, is proposed to be modified to provide for a process for urgent amendments to the Bylaws.

Rationale: This change is recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

8. **Article XIV, Departments, Section 1a Recommendation of Criteria for Clinical Privileges (p 13)**, amended to add new subparagraphs to provide that Departments shall develop criteria for ongoing and focused professional practice evaluations, subject to adoption by the Credentials and the Executive Medical Staff Committees.

Rationale: This change is recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

9. **Article XIV, Departments, Section 1b Completion of History and Physical Examination (pp. 14-5)** amended to add new subparagraph to provide that Departments shall adhere to requirement for performance and documentation of history and physicals consistent with Hospital policy and state law.

Rationale: This change is recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

10. **Article XIV, Departments, Section 3, Qualifications, Selection, Tenure and Duties of Department Chair, paragraph (f), Duties (pp. 16-17)**, is proposed to be amended to modify:

- subparagraph (iv) to provide that the departmental committee appointed by the chair will conduct an ongoing assessment of the quality of care, treatment and services and other quality assurance activities required of Departments.
- Subparagraph (ix) add language
- Subparagraph (x) add language
- New subparagraph xiv providing that the Chair shall make department members available for multidisciplinary and oversight functions
- New subparagraph xv providing that the Chair shall be responsible for integration of the department or service into the primary functions of the organization
- New subparagraph xvi providing that the Chair shall be responsible for coordination and integration of interdepartmental and intradepartmental services
- New subparagraph xvii providing that the Chair shall determine the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services

Rationale: These changes are recommended so that the Bylaws comport more closely with the standards of The Joint Commission.

Respectfully Submitted:

**EXECUTIVE MEDICAL STAFF COMMITTEE OF THE JOHN H. STROGER,
JR. HOSPITAL OF COOK COUNTY**

David Goldberg

Dr. David Goldberg
President

Article VIII CORRECTIVE ACTION

SECTION 3. NOTICE TO MEMBER OF ADVERSE RECOMMENDATION OR ADVERSE ACTION AND HEARING RIGHTS

The President shall give prompt written notice of any action or recommendation specified in Section 1, Actions Giving Rise To A Right To A Hearing, of this Article, to the affected Member. The notice shall inform the Member of the following:

- a. their right to a hearing;
- b. the adverse recommendation or adverse action;
- c. the nature of the conduct or activities which were the basis for the adverse recommendation or adverse action;
- d. that if the Member wishes to request a hearing, such request must be made to the President in writing within ~~fifteen (15)~~ thirty (30) days of receipt of the notice and must be made in accordance with Section 4, Request For Hearing, of this Article;
- e. that failure to request a hearing within ~~fifteen (15)~~ thirty (30) days and in accordance with Section 4, Request For Hearing, of this Article, shall be a waiver of the right to a hearing and to an appellate review on the matter which is the subject of the notice, shall constitute acceptance of the adverse recommendation or adverse action which gave rise to the right to a hearing, and shall preclude the Member from further contesting the adverse recommendation or adverse action which gave rise to the right to a hearing;

SECTION 4. REQUEST FOR HEARING

A Member's request for a hearing must be in writing, must indicate whether the Member will be represented by an attorney or a non-attorney at the hearing, and must be sent by certified or registered mail, return receipt requested, to the President within ~~fifteen (15)~~ thirty (30) days of the Member's receipt of the notice of the right to a hearing.

ARTICLE IX OFFICERS

SECTION 5. VACANCIES IN OFFICE AND REMOVAL OF OFFICERS

A vacancy shall exist upon the resignation, retirement, or discharge of an officer. The Medical Staff may seek to remove a Medical Staff officer by a petition to recall the officer. A petition to recall an EMS officer signed by 50% plus one of the voting Members of the Medical Staff shall be submitted to the Executive Medical Staff Committee and verified by the Secretary of the Medical Staff as valid. In the event the Secretary of the Medical Staff is the person to be removed, the President of the Medical Staff will verify the petition. Upon verification of the petition, the Executive Medical Staff Committee will schedule a vote to remove the officer, by paper or electronic mail within 30 days. The vote of three-fifths of the Members of the Medical Staff indicating in the affirmative that the officer should be removed shall result in the officer to be deemed to have been recalled and a vacancy to exist

~~Upon a failure of an officer to discharge his or her duties for a period in excess of sixty (60) days without showing good cause, the Executive Medical Staff Committee may vote to remove that officer by the motion of an officer which shall require approval of a two-thirds vote of a quorum.~~

Vacancies in an office which occur during the two (2) year period, except for the Presidency, shall be filled by the vote of a simple majority of a quorum of the Executive Medical Staff Committee. If there is a vacancy in the office of the President, the Vice President shall serve out the remaining term of the President.

ARTICLE X: COMPOSITION AND DUTIES OF THE EXECUTIVE MEDICAL STAFF COMMITTEE

SECTION 1. COMPOSITION

- a. The Executive Medical Staff Committee shall include:
 - (i) the President, Vice-President, Secretary, and Treasurer of the Medical Staff, who shall hold the same offices on the Executive Medical Staff Committee;
 - (ii) the Chairs of all medical Departments of the Hospital and the Chair of the Division of General Surgery;
 - (iii) one (1) member from each of five (5) Divisions of the Department of Medicine, at least one (1) of whom shall not be a Division Chair;
 - (iv) one (1) member from each of the four (4) Divisions of the Department of Surgery, at least one of whom shall not be a Division Chair;
 - (v) two (2) members each from the Departments of Obstetrics/Gynecology and Pediatrics and one (1) member each from the Departments of Anesthesiology, Correctional Health Services, Family Medicine and Community Health, Pathology, Psychiatry, Radiology and Trauma;
 - (vi) one (1) member from among the full-time Non-Member Practitioners, selected by the President, who may participate and vote;
 - (vii) the President of the House Staff who may participate and vote, but who may not be present during executive session discussion of peer review and credentials matters; and
 - (viii) the Immediate Past President, who shall be an Ex-officio member; and
 - (ix) the Chief Operating Officer, the Medical Director, the Associate Hospital

- b. Committee members, excluding Chairs and officers, shall be elected biennially by secret ballot within the applicable Department.
- c. If an elected member of the Committee is no longer able or eligible to serve on the Committee, a replacement Committee member shall be elected by secret ballot by the Members of the applicable Department. The replacement member shall be from the same Division as that of the member whose position is vacated.
- d. The Members in each Department named in Section 1(a) above shall elect by secret ballot alternate members to the Executive Medical Staff Committee equal to their Department's representation of regular elected members. Alternates may serve for any absent regular elected member within their Department. Should the position of an alternate member be vacated, an election shall be held within the Department in like manner for a regular member. An alternate member, when serving for a regular member at a meeting, shall have all rights and privileges of the regular member in whose place the alternate is acting. All members of the Medical Staff shall be eligible to be elected and to serve as a member of the Executive Medical Staff Committee.
- e. The Members of each department may seek to remove an elected representative from their department by a petition to recall the representative. A petition to recall a representative signed by 50% plus one of the Department Members shall be submitted to the President and verified by the Secretary of the Medical Staff as valid. Upon verification of the petition, the Department will schedule a vote to remove the representative, by paper or electronic mail within 30 days. The vote of three-fifths of the Members of the Department indicating in the affirmative that the Department representative should be removed shall result in the recall of the individual representative and in a vacancy to exist.

SECTION 2. DUTIES

The Executive Medical Staff Committee shall:

- a. represent and act on behalf of the Medical Staff between meetings of the organized Medical Staff, subject to such limitations as may be imposed by these Bylaws;
- b. coordinate the activities and general policies of the various Departments;
- c. receive and act upon committee reports;
- d. implement policies of the Medical Staff not otherwise the responsibility of Departments, and where implementation of such policies is the responsibility of Departments, the Executive Medical Staff Committee shall oversee such implementation;
- e. provide liaison between the Medical Staff, the Chief Operating Officer, Chief Executive Officer and the Board not otherwise provided for or practicable through the Joint Conference Committee;
- f. recommend action to the Board on matters of a medical administrative nature via the President, the Chief Operating Officer, the Chief Executive Officer and the Joint Conference Committee;
- g. make recommendations on Hospital management matters to the Board via the President, the Chief Operating Officer, the Chief Executive Officer and the Joint Conference Committee;
- h. fulfill the Medical Staff's accountability to the Board for the medical care rendered to the patients in the Hospital;
- i. verify that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the Hospital;
- j. make recommendations on all matters relating to Medical Staff appointments, reappointments, Staff and Administrative Category assignments, assignment to Departments and Divisions, clinical privileges and corrective actions;
- k. review and forward to the Joint Conference Committee the biennial reports of the Departments and Divisions and matters of a programmatic nature;

- l. take all reasonable steps to promote professionally competent and ethical conduct on the part of all Members including the initiation of and participation in Medical Staff review and corrective measures where warranted;
- m. report at each general meeting of the Medical Staff;
- n. assist in implementing and enforcing policy and procedures approved by the Board;
- o. participate in all Hospital deliberations that affect the discharge of Medical Staff responsibilities and advise Hospital Administration when existing Hospital administration procedures affect the discharge of Medical Staff responsibilities; and
- p. receive and utilize Committee reports for internal quality control for the purpose of reducing morbidity and mortality and improving patient care.

The authority of the Executive Medical Staff Committee to act on behalf of the Medical Staff is removed by amendment of the Bylaws. Such amendment shall specify the specific delegations the Executive Medical Staff shall no longer exercise.

Recommend that we change the order of Article XVII Rules and Regulations and Article XVIII Amendment and Deviation from Bylaws, putting the amendment process for the Bylaws first. The amend process for Rules and Regulations is the same as for Bylaws amendments and is referenced.

ARTICLE XVIII: RULES AND REGULATIONS

a. The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the mandates and general principles found within these Bylaws, subject to the approval of the Board. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Member in the Hospital. Such Rules and Regulations shall be a part of these Bylaws.

b. ~~Proposed Medical Staff Rules and Regulations and amendments thereof shall be submitted to the Bylaws Committee for review and recommendation to the Executive Medical Staff Committee. Proposed rules and regulations and amendments thereof recommended by the Executive Medical Staff Committee shall be forwarded to the Board and take effect upon approval by the Board.~~ The procedure to propose and obtain approval to amend the Rules and Regulations is the same as for the procedure to amend the Bylaws set forth in Article XVII, Section 2, Procedure to Amend.

c. The procedure to propose and obtain an urgent amendment to the Rules and Regulations is the same as for the procedure to urgently amend the Bylaws set forth in Article XVII, Section 3, Urgent Amendments.

d. Department Rules and Regulations, as provided in Article XIV, Departments, shall be formulated through a process which insures intra-departmental review, discussion, and approval by a majority of the Members in the Department.

ARTICLE XVIII: AMENDMENT OF AND DEVIATION from BYLAWS

SECTION 1. MEDICAL STAFF RESPONSIBILITIES AND AUTHORITY

The Medical Staff shall have the responsibility and delegated authority to recommend to the Board Medical Staff Bylaws amendments which shall be effective when approved by the Board. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely and responsible manner, to maintain compliance with legal and regulatory requirements and reflecting the interests of providing patient care of a standard generally accepted by the medical profession and of maintaining a harmony of purpose and effort with the Board and with the community.

SECTION 2. PROCEDURE TO AMEND

a. Initiation Of Amendments

Proposed amendments to the Bylaws may originate from any Member of the Medical Staff if endorsed in writing by at least ten (10) Members, from the Bylaws Committee, or from the Board. Proposed amendments from Members shall have a corresponding author and the endorsements will be validated by the Secretary. The proposed amendments shall be sent to the President who shall present the proposal at the next regular meeting of the Executive Medical Staff Committee and it shall be referred to the Bylaws Committee. The Bylaws Committee shall then report its recommendations to accept, reject, or alter the proposed amendment to the Executive Medical Staff Committee within ~~one hundred twenty (120)~~ sixty (60) days. ~~In addition, amendments may be proposed by the Bylaws Committee which shall be transmitted to the Executive Medical Staff Committee.~~

b. Executive Medical Staff Committee Action

The proposed amendments ~~forwarded for approval by the Bylaws Committee~~ shall be approved by the affirmative vote of a majority of the Executive Medical Staff Committee, provided at least ten (10) days written or electronic notice of the intention to take such action, accompanied by the proposed Bylaws amendments, has been given to the Executive Medical Staff Committee. Upon consideration of such amendments, the

Executive Medical Staff Committee may propose additional amendments, may reject proposed amendments, or may ask the Bylaws Committee to reconsider the proposed amendment. If the event that the Bylaws Committee is asked by the Executive Medical Staff to reconsider a proposed amendment, the Bylaws Committee shall forward a Committee recommendation to the Executive Medical Staff within sixty (60) days. In the event that the Executive Medical Staff Committee rejects a proposed amendment from the Board, the Medical Staff President shall communicate the Executive Medical Staff Committee action to the President of the Board. In the event that the Executive Medical Staff Committee rejects a proposed amendment from Members, the Executive Medical Staff President shall communicate the Executive Medical Staff action to the author of the proposed amendment. Amendments to the Bylaws accepted by the Executive Medical Staff Committee will be forwarded to the voting Members of the Medical Staff for consideration and approval.

c. Medical Staff Action

At an annual meeting of the Medical Staff or at a date and time concurrent with the next Executive Medical Staff Committee meeting, upon at least ten (10) days notice of the meeting and of the proposed Bylaws amendment, the proposed amendment will be presented to the Medical Staff for approval. A majority of Members casting a vote must vote in favor for a proposed amendment to be approved. Individuals present at the meeting shall vote in person. Individuals unable to attend may cast an electronic vote prior to the meeting in accordance with procedures established by the Executive Medical Staff Committee. All proposed Bylaws amendments approved by the Executive Medical Staff Committee shall be forwarded to the Board with notification of the Chief Operating Officer for transmittal to the Board.

d. Board Action

Proposed Bylaws amendments shall be approved by the Board before they become effective.

e. Effective Date

Neither the Medical Staff nor the Board may unilaterally amend these Bylaws. The

Proposed Bylaws Amendments
Approved by John H. Stroger, Jr. Hospital of Cook County Medical Staff
CCHHS Board of Directors Presentation, Dec 14, 2012

adoption of Bylaws and amendments shall take effect and be in full force upon approval by the Board unless otherwise specified. All previous Bylaws, amended articles, amended sections and subsections shall have no further force and effect.

f. Petitioning the Executive Medical Staff to Reconsider Amendments

In the event that the Executive Medical Staff Committee votes to reject a proposed amendment to the Bylaws that originates with Members, a petition to amend the Bylaws, signed by 25% of the Members, will result in reconsideration of the amendment by the Executive Medical Staff Committee. The petition will be validated by the Secretary and shall have a corresponding author. The petition to amend the Bylaws will be forwarded to the Executive Medical Staff Committee, with ten (10) days notice, for reconsideration at the next meeting of the Executive Medical Staff Committee. The corresponding author will present the proposed amendment at the meeting of the Executive Medical Staff Committee. The Executive Medical Staff will vote to accept or refuse the amendment. If the Executive Medical Staff Committee votes to accept the amendment, it shall be forwarded to the Members for consideration in the same manner as is provided in Section 2.c., Medical Staff Action, above.

g. Petition the Board to Amend the Bylaws

In the event that the Executive Medical Staff Committee votes to reject a proposed amendment to the Bylaws that originates with a petition by Members of the Executive Medical Staff Committee to reconsider amendments, a petition to amend the Bylaws signed by 50% of the Members will result in a proposed amendment being presented to the Board. The petition shall be validated by the Secretary prior to being forwarded to the Board and communicated to the Chief Operating Officer. At a meeting of the Board, the petition shall be presented to the Board by the corresponding author. The President of the Medical Staff, or designee, shall present the position of the Executive Medical Staff Committee on the proposed amendment.

h. Distribution

If significant changes are made to these Bylaws or to the Rules and Regulations of the Medical Staff, revised copies shall be distributed to all Members in a timely manner.

i. Biennial Review

These Bylaws shall be reviewed by the Bylaws Committee at least every two (2) years.

SECTION 3. URGENT AMENDMENTS

a Executive Medical Staff Action

The Medical Staff President or the Board may recommend to the Executive Medical Staff Committee an urgent Bylaws amendment. Passage of the amendment requires approval by three-fifths of the Executive Medical Staff Committee .members present at a meeting at which there is a quorum.

b. Board Provisional Action

If it has not already been acted upon by the Board, the proposed urgent Bylaws amendments will be forwarded to the Board. Once it is approved by both the Board and the Executive Medical Staff Committee, the urgent amendment shall be considered provisionally approved, pending review and approval by the Members. The urgent amendment shall be deemed in force during the period of provisional approval.

c. Bylaws Committee Review

Within fifteen (15) days of provisional approval of the Bylaws amendment by the Board and the Executive Medical Staff Committee, the Bylaws Committee will review the provisional urgent amendment. Within fifteen (15) days the Bylaws Committee will forward a written recommendation to the Members for adoption. In the event that the Bylaws Committee recommends rejection or modification of the provisional urgent amendment, the Bylaws Committee recommendation will be forwarded to the President of the Medical Staff for distribution to the Executive Medical Staff Committee.

d Executive Medical Staff Committee Action

Recommendations of the Bylaws Committee to amend or reject provisional urgent Bylaws amendment will be forwarded to the Executive Medical Staff with ten (10) days notice of the meeting and the Bylaws Committee recommendation. The Executive Medical Staff Committee shall vote to accept, amend, or reject the provisional urgent Bylaws amendment.

e. Medical Staff Action

At an annual meeting of the Medical Staff or at the next Executive Medical Staff meeting, and with ten (10) days notice of the meeting and of the provisional urgent Bylaws amendment, the provisional amendment will be presented to the Medical Staff for approval with the recommendation of the Bylaws Committee and, when appropriate, the Executive Medical Staff Committee recommendation. A majority of Members casting a vote must vote in favor for a proposed amendment to be approved. Individuals present at the meeting shall vote in person. Individuals unable to attend may cast an electronic vote prior to the meeting in accordance with procedures established by the Executive Medical Staff Committee. All provisional urgent Bylaws amendments approved by the Members of the Medical Staff shall be forwarded to the Board of Directors with notification of the Chief Operating Officer. When Members approve a proposed urgent amendment with modifications, the Medical Staff proposal shall be forwarded to the Board for further review and vote.

SECTION 4. DEVIATION FROM BYLAWS

When they determine it is in the best interests of the Medical Staff and the Board, the President, on behalf of the Medical Staff, and the Chief Operating Officer, on behalf of the Board, may mutually agree to deviate from any procedure, but not substantive requirement, set forth in these Bylaws.

ARTICLE XIV: DEPARTMENTS

SECTION 2. FUNCTIONS OF DEPARTMENTS

a. Recommendation Of Criteria For Clinical Privileges

Each Department shall recommend for inclusion in its rules and regulations criteria consistent with the policies of the Medical Staff and the Board for the exercise of clinical privileges. The recommendation of clinical privileges shall be, in part, based upon Ongoing and/or Focused Professional Practice Evaluations.

(i) Ongoing Professional Practice Evaluation

The Department shall be responsible for selecting appropriate criteria for Ongoing Professional Practice Evaluations of members acceptable to the Credentials Committee and the Executive Medical Staff Committee. The information for the Ongoing Professional Practice Evaluations shall be collected, made available to the Department Member, and will be transmitted to the Credentials Verification Office at the time of reappointment for review by the Credentials Committee.

(ii) Focused Professional Practice Evaluation

The Department shall be responsible for the development of criteria for Focused Professional Practice Evaluation at initial appointment, for newly requested privileges, or as part of a performance improvement plan. The information for the Focused Professional Practice Evaluations shall be collected, made available to the Department Member, and will be transmitted to the Credentials Verification Office for review by the Credentials Committee or, if applicable, other committees such as the Peer Review Committee.

b. Completion of History and Physical Examination

The Departments shall ensure that all patients receive a medical history and physical examination that complies with hospital policy and State law. The medical history and physical examination shall be completed no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. For a medical history that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services. The history and physical and update must be completed by a physician, an oral-maxillofacial surgeon, or other qualified licensed individual.

c. Quality Assurance Activity

Each Department shall establish quality assurance activities to evaluate its internal quality control and appropriateness of patient care practices through ongoing monitoring of patient care and related activities for the purposes of reducing morbidity and mortality or improving patient care. These activities should, where appropriate, include, but not be limited to:

- (i) blood usage review;
- (ii) drug usage review;
- (iii) medical record review;
- (iv) pharmacy and therapeutics review;
- (v) surgical case review;
- (vi) patient safety review;
- (vi) infection control review;
- (viii) morbidity and mortality review; and

(ix) risk management activities related to the clinical aspects of patient care.

d. Evaluation Of Effectiveness Of Quality Assurance Review

Each Department shall meet at least monthly to review and evaluate as a peer group the clinical work of the Department. At the discretion of the Department Chair, this evaluation may be carried out at the Division level. Each Division or Department of the Medical Staff shall cooperate in evaluating the effectiveness of its quality assurance activity.

e. Reports

A report shall be submitted regularly to the Department Chair by each Division or by a committee of the Department as a whole according to the rules and regulations of the Department concerning the evaluation of patient care. The Department Chair shall submit a report annually to the Hospital-Wide Quality Assurance Committee.

f. Biennial Report

At least biennially, each Department shall submit a written report detailing its evaluation for purposes of reducing morbidity or mortality and improving patient care to the Executive Medical Staff Committee for review, after which a presentation of the evaluation shall be made to the Joint Conference Committee.

g. Record Of Activities

Each Department shall keep a written record of its proceedings and activities and submit monthly reports to the Executive Medical Staff Committee.

SECTION 3. QUALIFICATIONS, SELECTION, TENURE AND DUTIES OF DEPARTMENT CHAIR

f. Duties Of Department Chairs

Each Chair shall:

- (i) be accountable to the Executive Medical Staff Committee for all professional and clinically related activities and Medical Staff administrative activities within the Department;
- (ii) be a member of the Executive Medical Staff Committee, giving guidance on the overall policies of the Hospital and making specific recommendations and suggestions regarding the Department so that patient care meets the standard generally accepted by the medical profession;
- (iii) continuously survey the professional performance of all individuals in the Department who have delineated clinical privileges and report thereon to the Hospital-Wide Quality Assurance Committee as provided in Section 2 (d), Reports, of this Article, to the Joint Conference Committee as provided in Section 2(e), Biennial Report, of this Article and to the Executive Medical Staff Committee as provided in Section 2(f), Record of Activities, of this Article;
- (iv) appoint a Departmental committee to conduct the ongoing assessment of the quality of care, treatment and services and other quality assurance activities required of Departments by these Bylaws;
- (v) enforce within the Department, System and Hospital regulations and the Bylaws and Rules and Regulations of the Medical Staff;
- (vi) implement within the Department action taken by the Executive Medical Staff Committee;
- (vii) make a recommendation concerning an application for initial appointment or an application for reappointment and the clinical privileges appropriate for that Applicant or Member requesting to be assigned to the Department;

(viii) recommend the criteria for clinical privileges that are relevant to the care provided in the Department;

(ix) be responsible for the orientation, teaching, continuing education and research programs in the Department;

(x) participate in every phase of administration of the Department through coordination and cooperation with the nursing service, other departments and the Hospital administration in matters affecting patient care, treatment and services including a sufficient number of personnel and their qualifications, supplies, space and other resources, special regulations, standing orders and techniques;

(xi) assist in the preparation of such annual reports including budgetary planning pertaining to the Department as may be required by the Executive Medical Staff Committee, Medical Director, Chief Operating Officer, the Chief Executive Officer or the Board;

(xii) assess and recommend offsite sources for needed patient care for services not provided by the Department at the Hospital; and

(xiii) appoint and remove, at his or her discretion, Department committee and subcommittee chairs and members.

(xiv) make department members available to participate in multidisciplinary functions and oversight of the hospital,

(xv) be responsible for integration of the department or service into the primary functions of the organization

(xvi) be responsible for coordination and integration of interdepartmental and intradepartmental services

(xvii) determine the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
December 14, 2012

ATTACHMENT #4

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Susan Greene, Interim Director of Managed Care & System Transformation		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer	
DATE: 12/14/2012		PRODUCT / SERVICE: Service - Third Party Administrator	
TYPE OF REQUEST: Amend and Increase Contract		VENDOR / SUPPLIER: Automated Health Systems (AHS), Schaumburg, IL	
ACCOUNT 896-260	FISCAL IMPACT: \$7,830,286.00	GRANT FUNDED/ RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/1/2012 thru 12/31/2013		CONTRACT NUMBER: H12-25-091	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:
The Cook County Health and Hospitals System (CCHHS) Board approved contract number H12-25-091 in the amount of \$7,800,000 on 11/29/2012 with Automated Health Systems (AHS) to provide administrative and support services as a Third Party Administrator. They will assist CCHHS in maintaining a network to respond to an increase in the number of persons who will become eligible for Medicaid under the Waiver to Section 1115 of the Social Security Act. Services include the operation of a call center that provides member and provider services, as well as the provision of medical management services, contract management, claims review, payment and satisfaction surveys.

NEW PROPOSAL JUSTIFICATION:
Planning and implementation activities have begun and management has identified mechanisms for significant improvements in enrollment activity that will be key to the success of the Waiver. AHS has a robust call center outreach and follow-up capabilities. Under the revised enrollment strategy, AHS will employ these capabilities to perform phone outreach that will assist CCHHS to target potential members effectively and to provide much greater capacity to carry out convenient rapid enrollment by telephone. AHS will staff three walk-in centers and coordinate outreach with a flexible enrollment presence within the ACHN clinics and other locations identified by CCHHS. Because AHS will increase its staffing significantly to accomplish the telephone outreach, expansion of call center capabilities, staff the walk-in centers, staff the clinics on a rolling basis, as well as other venues we are requesting an increase of \$7,830,286.00. This would bring the total contract spend to \$15,630,286.00. This amount does not include the funds required to pay provider claims that will be processed by AHS.

TERMS OF REQUEST:
This is a request to amend and increase contract number H12-25-091 in the amount of \$7,830,286.00 for the period from 12/01/2012 thru 12/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS
BID TABULATIONS:
CONTRACT COMPLIANCE MEMO:

CCHHS COO: _____
Carol Schneider, System Chief Operating Officer

CCHHS CFO: _____
John Cookinham, System Chief Financial Officer

APPROVED

DEC 14 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

**THE BOARD OF COMMISSIONERS
TONI PRECKWINKLE, PRESIDENT**

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**COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE**

**SHANNON E. ANDREWS
DIRECTOR**

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

December 13, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-25-091 / Extend and Increase (Revised)
Commodity: Service – Third Party Administrator
Department: Administration
Term: 12/01/12 thru 12/31/13

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the supply goals of 25% MBE and 10% WBE participation.

Bidder: Automated Health Systems, Pittsburgh, PA
Increased Amount: \$7,830,286.00 / Original Contract Amount: \$7,800,000.00
Amended Amount: \$15,630,286.00

<u>MWBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
Sigma Advanced Solutions, Inc., Chicago, IL	MBE	20% - Direct	City of Chicago

Waiver Granted:

Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other bidders are being recommended for award.

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Susan Greene, Interim Director of Managed Care & System Transformation		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer
DATE: 12/10/2012	PRODUCT / SERVICE: Service - Behavioral Health Management	
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: PsychHealth, Ltd.	
ACCOUNT 896-260	FISCAL IMPACT: \$9,747,125	GRANT FUNDED /RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/15/2012 thru 12/31/2013		CONTRACT NUMBER: H13-25-006
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP	
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A	

PRIOR CONTRACT HISTORY:

PsychHealth, Ltd has no prior contract history with the Cook County Health and Hospitals System.

NEW PROPOSAL JUSTIFICATION:

Cook County Health and Hospitals System requires the services of a behavioral health management organization to provide and manage a network of behavioral health providers for purposes of the CountyCare Demonstration Project being implemented under the Section 1115 Waiver. PsychHealth, Ltd. responded to an RFP seeking behavioral health management services and is experienced in providing managed behavioral health services to Medicaid Recipients. Network Provider Services included in this contract will include substance abuse and mental health services. Contractor will handle member and provider relations, claims, quality improvements, credentialing, behavioral health provider contracting and other required functions. This is priced on a full-risk basis (\$3.00 PMPM for management services; \$14.75 PMPM for clinical services). Because this contract will be paid on a per member per month basis, subject to compensation provisions which may arise depending upon utilization, for a patient population with unknown utilization and pent-up demand, this is an estimated maximum amount. In the event of a positive variation (need for increase), a requested amendment will be presented to the Board for approval.

TERMS OF REQUEST:

This is a request to execute contract number H13-25-006 in an amount not to exceed \$9,747,125 from 12/15/2012 thru 12/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending

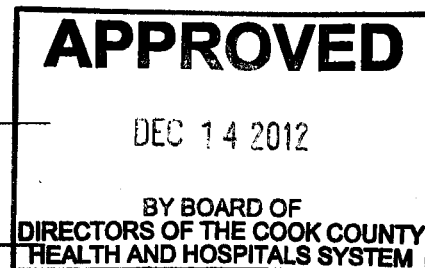
ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: 
Carol Schneider, System Chief Operating Officer

CCHHS CFO: 
John Cookinham, System Chief Financial Officer



• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein
CORE Center •

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**COUNTY OF COOK
BUREAU OF FINANCE
OFFICE OF CONTRACT COMPLIANCE
SHANNON E. ANDREWS
DIRECTOR**

County Building
118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

December 11, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H13-25-006
Commodity: Service – Behavioral Health Manager
Department: Administration
Term: 12/15/12 thru 12/31/13

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the supply goals of 25% MBE and 10% WBE participation.

Bidder: PsychHealth, Ltd., Evanston, IL
Amount: \$9,747,125.00

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
PsychHealth, Ltd., Evanston, IL	MBE	100% - Direct	Cook County

Partial Waiver Granted:

Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. The providers in PsychHealth, Ltd.'s network are hospitals, groups or individuals and either do not meet the criteria and/or do not allocate the resources to apply for these certifications. A search of the Cook County directory did not yield options.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other bidders are being recommended for award.

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Bala Hota, M.D., Interim Chief Medical Information Officer/Chief Information Officer <i>BH</i> Susan Greene, Interim Director of Managed Care & System Transformation <i>SG</i>		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer <i>Raj</i>	
DATE: 12/06/2012		PRODUCT / SERVICE: Service - Care Coordination Activities/Care Management Analytics for the CCHHS Waiver Population	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: MHNU Corporation dba Medical Home Network	
ACCOUNT 896-260		FISCAL IMPACT: \$2,947,760.00	
GRANT FUNDED / RENEWAL AMOUNT: N/A		CONTRACT PERIOD: 01/01/2013 thru 12/31/2013	
CONTRACT NUMBER: H13-25-005		COMPETITIVE SELECTION METHODOLOGY:	
<input checked="" type="checkbox"/>		NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] Sole Source/Preferred Provider	

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System has no prior contract history with Medical Home Network (MHN).

NEW PROPOSAL JUSTIFICATION

Medical Home Network will support the Cook County Health and Hospitals System Waiver Population care coordination efforts. Their services will include project management and oversight as well as portal connectivity, management and maintenance. They will develop and deliver advanced care management analytics to support proactive care management and high risk population. Provider performance reporting and Intervention reporting will also be included.

TERMS OF REQUEST:

This is a request to execute contract number H13-25-005 in the amount of \$2,947,760.00 for a period of 12 months from 01/01/2013 thru 12/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

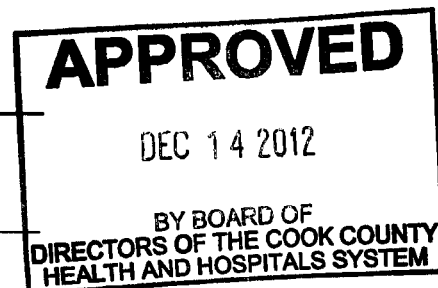
BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Pending

CCHHS COO: *[Signature]*
 Carol Schneider, System Chief Operating Officer

CCHHS CFO: *[Signature]*
 John Cookinham, System Chief Financial Officer

CCHHS CEO: *[Signature]*
 Ram Raju, M.D., Chief Executive Officer



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 • Stroger Hospital • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

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118 North Clark Street, Room 1020
Chicago, Illinois 60602-1304
TEL: (312) 603-5502

December 11, 2012

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H13-25-005 / Sole Source and Preferred Provider
Commodity: Service – Care Coordination Activities / Care Management Analysis for CCHHS Waiver
Department: HIS
Term: 01/01/13 – 12/31/13 for 12 Months

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance. In accordance with the CCHHS Preferred Vendor process, this purchase did not require a competitive bid and based on CCHHS needs, the preferred vendor has been found to be responsive.

Preferred Provider: MHNU Corporation d/b/a Medical Home Network (Non-Profit Organization)
Amount: \$2,947,760.00

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
Remedy Chicago, Chicago, IL	WBE	2.2% Direct	WBENC

Waiver Granted:

Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. MHNU Corporation d/b/a Medical Home Network is providing a web portal for the care coordination activities. MHNU engaged MBE and WBE firms for indirect participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other Sole Source and Preferred Provider(s) are being recommended for award.

Sincerely,

Shannon E. Andrews
Contract Compliance Director

SEA/lar